

MO HealthNet for the Aged, Blind and Disabled (MHABD)



MHABD & Related Programs

The following programs provide benefits to elderly, blind and disabled individuals.

- **MO HealthNet for the Aged, Blind or Disabled**
 - **Non-Spend Down**
 - **Spend down-** MO HealthNet coverage if you agree to pay, or “spend down” a certain amount.
- **Supplemental Nursing Care**

MHABD & Related Programs

➤ **Missouri's Children with Developmental Disabilities (MOCDD) Waiver Program**

The purpose of this waiver is to enable children with developmental disabilities to remain with their families rather than enter an institution, group home, or other out of home care.

MHABD & Related Programs

- Blind Pension
- Supplemental Aid for the Blind
- Vendor (Nursing Home)

MHABD & Related Programs

- **Home and Community Based Services (HCB)**
- **Ticket to Work Health Assurance**

MHABD & Related Programs

- **Medicare Savings Programs**
 - **Qualified Medicare Beneficiary (QMB)**
 - Pays all Medicare premiums
 - Pays co-insurance and deductibles for Medicare covered services
 - **Specified Low Income Medicare Beneficiary (SLMB)**
 - Pays only the Medicare Part B premium

Eligibility

- ▶ Permanently and totally disabled (PTD), or
- ▶ 65 years of age or older, or
- ▶ 18 years of age or older and is determined by law to be blind (vision less than 5/200)

AND

- ▶ Lives in Missouri and intends to remain
- ▶ United States citizen or an eligible qualified non-citizen

Eligibility

Resource limits:

Some resources are exempt such as the home they are living in, one car per family, and certain business property used to earn income.

- ▶ if aged or disabled
 - \$5,035 if single, or
 - \$10,070 if married and living with spouse
- ▶ if blind (Supplemental Aid to the Blind)
 - \$5,035 if single, or
 - \$10,070 if married and living with spouse
- ▶ if blind (Blind Pension)
 - \$29,999

Eligibility

Income Limits:

- ▶ Current non-spend down maximums for aged and disabled individuals
 - ▶ Single \$913 monthly
 - ▶ Couple \$1,234 monthly
- ▶ Current non-spend down maximums for blind individuals
 - ▶ Single \$1,074 monthly
 - ▶ Couple \$1,452 monthly

Eligibility Based on PTD Criteria

Individuals applying for MHABD coverage based on disability criteria must meet the following:

- ▶ Unable to be gainfully and substantially employed for one year or longer due to a physical or mental incapacity
- ▶ Within the MHABD resource limits
- ▶ Live in Missouri and intend to remain
- ▶ Be a United States citizen or an eligible qualified non-citizen
- ▶ Not be a resident of a public institution except a public medical institution

Eligibility Based on PTD Criteria

A person meets the PTD criteria if they meet one of the following:

- ▶ receive Social Security Disability (SSD) or Supplemental Security Income (SSI)
- ▶ are found to be PTD through the Medical Review Team (MRT) process
- ▶ are approved for institutionalized level of care by Central Office Medical Review Unit (COMRU) for HCB or Vendor

Application Process

- MHABD applications based on PTD criteria have a 90 day processing timeframe, but the length of time varies depending upon the amount of information needed and received from the person who is applying and their medical provider(s).
- If a participant has not been treated by a medical provider, MRT will schedule an appointment for the applicant, and he/she will receive a letter notifying them of the date, time and place of the appointment.

Application Process

The Medical Review Team (MRT) consists of medical physicians and administrative staff. MRT assesses an individual's medical condition by reviewing their medical records. The following information is required:

- ▶ A medical release form which allows MRT to request medical records.
- ▶ A disability questionnaire which helps MRT to know which medical records to request.
- ▶ A list of doctors an applicant has seen for treatment.
- ▶ Social Information Summary.

Application Process

Verifications needed to speed up the application process (if applicable):

- ▶ Current copy of all bank account statements.
(Prior quarter requests will need the prior 3 months)
- ▶ Paystubs or income statements for current month.
(Prior quarter requests will need the prior 3 months)
- ▶ Life Insurance/ Prepaid Burial Plan policy
- ▶ Trust or Annuity Policy

Application Process

- ▶ Apply through the online portal
- ▶ Apply by phone at 855-373-9994
- ▶ Download & print, or scan application
 - ▶ Send your paper application and forms by email, mail, or fax to:
 - ▶ Family Support Division
615 E 13th St
Kansas City, MO 64106
 - ▶ Fax: 573-526-9400

You must complete & submit the Supplemental Form with your application if you:

- ▶ Are age 65 or older
- ▶ Are blind or disabled
- ▶ Get Social Security
- ▶ Live in a medical or nursing facility
- ▶ Have Medicare or VA healthcare

Application Process

- ▶ Clients will receive written notice if more information is needed to make an eligibility determination.
 - ▶ They have 10 days to provide us that information.
- ▶ If approved, clients will received written notice of their program coverage and begin date.
 - ▶ An annual reinvestigation form will be mailed to the client every 12 months to be returned and reviewed for continued eligibility.
- ▶ If denied, clients will received written notice of the rejection reasons and hearing rights.

Resources

- ▶ <https://mydss.mo.gov/healthcare/apply>
- ▶ [DSS Manuals](#)
- ▶ [MO HealthNet Program Chart- Appendix K](#)
- ▶ [Eligibility Standards Chart- Appendix J](#)
- ▶ [Spend Down Brouchure](#)
- ▶ [Ticket to Work Brouchure](#)



Questions?